PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty

For receiving Office use only	
International Application No.	
International Filing Date	
Name of receiving Office and "PCT International Application"	

according to the Patent Cooperation Treaty.	Name of receiving Office and "PCT International Application"			
	Applicant's or agent's (if desired) (12 characte	file reference ers maximum) GR61-014		
Box No. I TITLE OF INVENTION				
Instrumentation, Articles of Manufacture, and Ar	nalysis Methods			
Box No. II APPLICANT This person	n is also inventor			
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) Telephone No. 765-775-1701				
Griffin Analytical Technologies, Inc. 3000 Kent Avenue	Facsimile No.			
West Lafayette, IN 47906		Peleprinter No.		
		Applicant's registration No. with the Office		
State (that is, country) of nationality: US	State (that is, country)	of residence:		
This person is applicant for the purposes of: all designated		the United States the States indicated in the Supplemental Box		
Box No. III FURTHER APPLICANT(S) AND/OR (FURTH	IER) INVENTOR(S)			
Name and address: (Family name followed by given name: for a legal enti- The address must include postal code and name of country. The country of the Box is the applicant's State (that is, country) of residence if no State of residence BARKET, Dennis 2306 Ottawa Drive Lafayette, IN 47906	ne address indicated in this ce is indicated below.)	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office		
State (that is, country) of nationality: US	State (that is, country) US	of residence:		
This person is applicant all designated for the purposes of:		the United States the States indicated in the Supplemental Box		
Further applicants and/or (further) inventors are indicated or	n a continuation sheet.			
Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE				
The person identified below is hereby/has been appointed to act or of the applicant(s) before the competent International Authorities	as:	agent common representative		
Name and address: (Family name followed by given name; for a legal entity, juli official designation. The address must include postal code and name of country.) Telephone No. 1-509-634-4276				
HYTA, Robert C.	Facsimile No.			
Wells, St. John P.S. 601 West 1st Avenue, Suite 1300	1-509-838-3424			
Spokane, WA 99201	Teleprinter No.			
	·	Agent's registration No. with the Office		
Address for correspondence: Mark this check-box where respace above is used instead to indicate a special address to w	Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.			

Form PCT/RO/101 (first sheet) (January 2004)

 $See\ Notes\ to\ the\ request\ form$

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)				
If none of the following sub-boxes is used, this sheet should not be included in the request.				
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) WELLS, James Mitchell 3636 Redondo Dr. Lafayette, IN 47905	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office			
State (that is, country) of nationality: US State (that is, country US	of residence:			
This person is applicant for the purposes of: all designated all designated States except the United States of America	the United States the States indicated in the Supplemental Box			
Name and address: (Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office			
State (that is, country) of nationality: State (that is, country)	:) of residence:			
This person is applicant all designated all designated States except the purposes of:	the United States of America only the Supplemental Box			
Name and address: (Family name followed by given name: for a legal entity, full official designation. The address must include posial code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office			
State (that is, country) of nationality: State (that is, country)) of residence:			
This person is applicant all designated all designated States except the United States of America	the United States of America only the Supplemental Box			
Name and address: (Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office				
State (that is, country) of nationality: State (that is, country)) of residence:			
This person is applicant all designated all designated States except the United States of America	the United States the States indicated in the Supplemental Box			
Further applicants and/or (further) inventors are indicated on another continuation	sheet.			

Box No. V DESIGNATIONS				
The filing of this request con filing date, for the grant of e	stitutes under Rule 4.9(a), th very kind of protection availal	e designation of all Controls and, where applicable.	acting States bound by th for the grant of both reg	e PCT on the international ional and national patents.
However.				
<u> </u>	esignated for any kind of nation			
	is not designated for any kir			
	n is not designated for any ki	-		
the national law, of an earlie	be used to exclude (irrevocable) r national application from we s in these and certain other St	hich priority is claimed. S	ned in order to avoid the see the Notes to Box No. V	ceasing of the effect, under as to the consequences of
Box No. VI PRIORITY	CLAIM			
The priority of the following	earlier application(s) is hereb	y claimed:		
Filing date	Number	V	Vhere earlier application	is:
of earlier application (day/month/year)	of earlier application	national application: country or Member of WTO	regional application:* regional Office	international application: receiving Office
item (1) 25 April 2003	60/465,367	us	•	
item (2)				
item (3)				
Further priority claims	are indicated in the Suppleme	ntal Box.		
The receiving Office is reque the earlier application was fi above as:	ested to prepare and transmit to led with the Office which for to	o the International Bureau he purposes of this interna	a certified copy of the eational application is the r	rlier application(s) (only if ecceiving Office) identified
all items 🗶 it	em (1) item (2) item (3)	other, s	ee Supplemental Box
* Where the earlier applicati	on is an ARIPO application, in Tember of the World Trade Or	idicate at least one country ganization for which that e	party to the Paris Conve earlier application was fi	ention for the Protection of led (Rule 4.10(b)(ii)):
Box No. VII INTERNATIONAL SEARCHING AUTHORITY				
Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):				
ISA / US				
Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):				
Date (day/month/year) 25 April 2003 (25.04.03	Numb 60/46		itry (or regional Office) IS	
25 April 2003 (25.04.03) 60/465,367 US Box No. VIII DECLARATIONS				
The following declarations are contained in Boxes Nos. VIII (i) to (v) (mark the applicable Number of				
check-boxes below and indicate in the right column the number of each type of declaration): declarations				
Box No. VIII (i) Declaration as to the identity of the inventor				
Box No. VIII (ii) Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent:				
Box No. VIII (iii) Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application				
Box No. VIII (iv) Declaration of inventorship (only for the purposes of the designation of the United States of America)				
Box No. VIII (v)	Box No. VIII (v) Declaration as to non-prejudicial disclosures or exceptions to lack of novelty :			· :

Sheet No. ...4

Box No. IX CHECK LIST; LANGUAGE OF FILING				
This international application contains: (a) in paper form, the following number of sheets:		This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item):		Number of items
request (including		1. 🔀	fee calculation sheet	: 1
declaration sheets)	: 4	2.	original separate power of attorney	:
description (excluding sequence listing and/or		3. 🔲	original general power of attorney	:
tables related thereto)	: 15	4.		
claims	: 9	5. 🗆	if any:	:
abstract	: 1	3. □ 6. □	statement explaining lack of signature priority document(s) identified in Box No. VI as	:
drawings	:6	О. Ц	item(s):	:
Sub-total number of sheets sequence listing	: 35 :	7. 🗆	translation of international application into (language):	:
tables related thereto (for both, actual number of	:	8. 🗖	separate indications concerning deposited microorganism or other biological material	:
sheets if filed in paper form, whether or not also filed in		9. 🗖	_	
computer readable form: see (c) below)		(i)	copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application) ·
Total number of sheets (b) only in computer readal	: 35 ble form	(ii)	(only where check-box (b)(i) or (c)(i) is marked in left column) additional copies including, where applicable, the copy for the	•
(Section 801(a)(i)) (i) ☐ sequence listing	•	(iii)	purposes of international search under Rule 13ter together with relevant statement as to the identity of the copy of	: r
(ii) ☐ tables related thereto (c) ☐ also in computer readab		10. 🗖	copies with the sequence listing mentioned in left column tables in computer readable form related to sequence listing (indicate type and number of carriers)	:
(Section 801(a)(ii)) (i) sequence listing	,	(i)	copy submitted for the purposes of international search under Section 802(b-quater) only (and not as part of the international	i.
(ii) tables related thereto			application)	:
Type and number of carriers (diskette, CD-ROM, CD-R or other) on which are contained the		(ii) (only where check-box (b)(ii) or (c)(ii) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Section 802(b-quater):		:
sequence listing:		(iii)	together with relevant statement as to the identity of the copy o copies with the tables mentioned in left column	r
tables related thereto:				
(additional copies to be indica items 9(ii) and/or 10(ii), in rig	(additional copies to be indicated under items 9(ii) and/or 10(ii), in right column) 11. other (specifi): PTO Return Receipt Postcard; Transmittal Letter Check no. 142595 for \$1,814.00			0
Figure of the drawings which should accompany the abstract:				
Box No. X SIGNATURE O Next to each signature, indicate the nam	F APPLICANT ne of the person sign	Γ, AGEN ning and th	T OR COMMON REPRESENTATIVE e capacity in which the person signs (if such capacity is not obvious from reading	the request).
4/2/a/c4				
Date		, F	IYTA, Robert C.; Reg. No. 46,791 Attorney for Applicant	
, memo, ioi , ippiloditi				
For receiving Office use only 1. Date of actual receipt of the purported 2. Drawings:				
international application: received:			eived:	
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:				
4. Date of timely receipt of the required corrections under PCT Article 11(2):			received:	
5. International Searching Authority (if two or more are competent): ISA / 6. Transmittal of search copy delayed until search fee is paid				
For International Bureau use only				
Date of receipt of the record copy by the International Bureau:				
,				

This sheet is not part of and does not count as a sheet of the international application.

Authorization to charge the total fees indicated above. This check-box may be marked only if the conditions for deposit accounts of the receiving Office so permit) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above. Authorization to charge the fee for priority document. Deposit Account No.: 23-0925	PCI	For receiving Office use only
Applicant Griffin Analytical Technologies, Inc. CALCULATION OF PRESCRIBED FEES 1. TRANSMITTAL FEE 2. SEARCH FEE 300 \$\frac{1}{5}\$ I. TRANSMITTAL		International Application No.
Griffin Analytical Technologies, Inc. CALCULATION OF PRESCRIBED FEES 1. TRANSMITTAL FEE 2. SEARCH FEE International search to be carried out by (If two or more International Searching Authorities are competent to carry out the international search, indicate the name of the Authority which is chosen to carry out the international search, indicate the name of the Authority which is chosen to carry out the international search, indicate the name of the Authority which is chosen to carry out the international search, indicate the name of the Authority which is chosen to carry out the international search, indicate the name of the Authority which is chosen to carry out the international search, indicate the name of the Authority which is chosen to carry out the international search, indicate the name of the Authority which is chosen to carry out the international search, indicate the name of the Authority which is chosen to carry out the international search in the name of the Authority which is chosen to carry out the international flag of the name of the Authority which is chosen to carry out the international flag of the name	l =: ' · a = =	Date stamp of the receiving Office
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12 5	Where items (b) and/or (c) of Box No. IX apply, enter Sub-total num. Where items (b) and (c) of Box No. IX do not apply, enter Total num.	nber of sheets }
is additional component (only if sequence listing and/or tables related thereto are filed in computer readable form under Section 801(a)(i), or both in that form and on paper, under Section 801(a)(ii)): 400 x	il first 30 sheets	1,134 [ii]
thereto are filled in computer readable form under Section 801(a)(i), or both in that form and on paper, under Section 801(a)(ii); 400 x	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	60 i2
Add amounts entered at i1. i2 and i3 and enter total at I	thereto are filed in computer readable form under Section 801(a	ated a)(i),
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international filing fee. Where the applicant is (or all applicants are) so entitled, the total to be entered at 1 is 23% of the international filing fee.) 4. FEE FOR PRIORITY DOCUMENT (if applicable) 5. TOTAL FEES PAYABLE Add amounts entered at T. S. I and P. and enter total in the TOTAL box MODE OF PAYMENT authorization to charge deposit account (see below) bank draft revenue stamps other (specify): AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT This mode of payment may not be available at all receiving Offices) Authorization to charge the total fees indicated above. This check-box may be marked only if the conditions for deposit accounts of the receiving Office so permit) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above. Authorization to charge the fee for priority document. Signature: Si	l de la companya de	1,194 🗻
5. TOTAL FEES PAYABLE	international filing fee. Where the applicant is (or all applicants	are) so
Add amounts entered at T. S. I and P. and enter total in the TOTAL box MODE OF PAYMENT authorization to charge deposit account (see below) postal money order cash coupons cheque no. 142595 bank draft revenue stamps other (specify): AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT (This mode of payment may not be available at all receiving Offices) Authorization to charge the total fees indicated above. (This check-box may be marked only if the conditions for deposit accounts of the receiving Office so permit) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above. Authorization to charge the fee for priority document. Signature: Signature:	4. FEE FOR PRIORITY DOCUMENT (if applicable)	20 P
authorization to charge deposit account (see below) postal money order cash coupons Coupons Coupons		
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AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT (This mode of payment may not be available at all receiving Offices) Authorization to charge the total fees indicated above. (This check-box may be marked only if the conditions for deposit accounts of the receiving Office so permit) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above. Authorization to charge the fee for priority document. Signature:	deposit account (see below)	cash coupons
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Authorization to charge the total fees indicated above. (This check-box may be marked only if the conditions for deposit accounts of the receiving Office so permit) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above. Authorization to charge the fee for priority document. Date: 424 Name: HYTA, Robert C.	AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT (This mode of payment may not be available at all receiving Offices)	Receiving Office: RO/ US
(This check-box may be marked only if the conditions for deposit accounts of the receiving Office so permit) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above. Authorization to charge the fee for priority document. Date: 4266 Name: HYTA, Robert C.	Authorization to charge the total fees indicated above	Deposit Account No.: 23-0925
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NTD PC 1/RO/101 (Appay) (Ignus = 2004)	Authorization to charge the fee for priority document.	Signature: